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**Application Number** 

Filing Date

## REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND

CHANGE OF CORRESPONDENCE ADDRESS

Ex

First Named Inventor Ernst Baumann

Art Unit 1614

Examiner Name Dwayne C. Jones

Attorney Docket Number 065571-0024

08/718,377

09/30/1996

I hereby revoke all previous powers of attorney given in the above-identified application:								
A Power of Attorney is submitted herewith.  OR								
I hereby appoint the practitioners associated with the Customer Number: 38,939								
Please change the correspondence address for the above-identified application to:  The address associated with 38,939								
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Statement under 3/,CFR 3.73(b) is enclosed. (Form PTO/SB/96)  ( / ) // SIGNATURE of Applicant or Assignee of Record								
Signature								
Name	Jurgen Bachmann Sysanne Zimmermann							
Date				Telepho	one			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
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